

Eligibility





Eligibility Verification

Just a brief note...

...about where we have been in 2016.



...about where we are going in 2017.



Eligibility Verification

- Verify member eligibility on the date of service.
 - Viewing the card alone does not ensure member eligibility neither does having prior authorization on file.

- Failing to verify eligibility on the date of service may mean a denied claim.
 - ❖If, for example, the member was not eligible on the date of service, or the service provided was outside the member's scope of coverage, the claim will deny.





Eligibility and Coverage

- States are required to include certain types of individuals or eligibility groups under their Medicaid plans and they may include others.
- States' eligibility groups will be considered one of the following:
- Categorically Needy
- Medically Needy
- Special Groups

- Three types of critical health protection for people with low incomes:
- Health insurance for families with children and for people with disabilities
- Long-term care, such as nursing facility care, for older people and people with disabilities
- Supplemental coverage for Medicare enrollees, including assistance paying Medicare premiums and obtaining services for which Medicare coverage is limited (e.g., prescription drugs).



Eligibility Verification

And a disclaimer...

- Xerox <u>does not</u> determine eligibility.
- Office of Public Assistance (OPA).
- CHIMES loads to the Medicaid Management Information System (MMIS).
- MMIS consists of various subsystems, each of which contains a specific set of data used in claims processing.



Common Eligibility Verification Methods

- 1. Online! Montana Access to Health (MATH) Web Portal.
- 2. Integrated Voice Response (IVR) (800) 714-0060
 - Available after hours

- 3. FaxBack (800) 714-0075
 - Available after hours

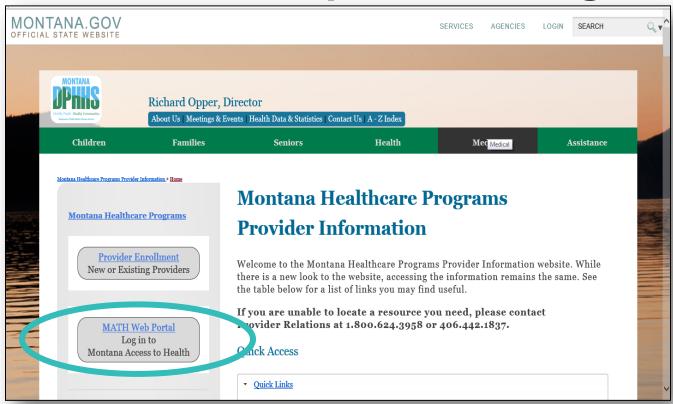
4. Provider Relations - (800) 624-3958 or (406) 442-1837



- 1. Montana Access to Health (MATH) Web Portal
- Montana Healthcare Programs Provider Information website: www.medicaidprovider.mt.gov
- Created by Xerox in conjunction with DPHHS
- Eligibility inquiry capability plus other features
- Secure website

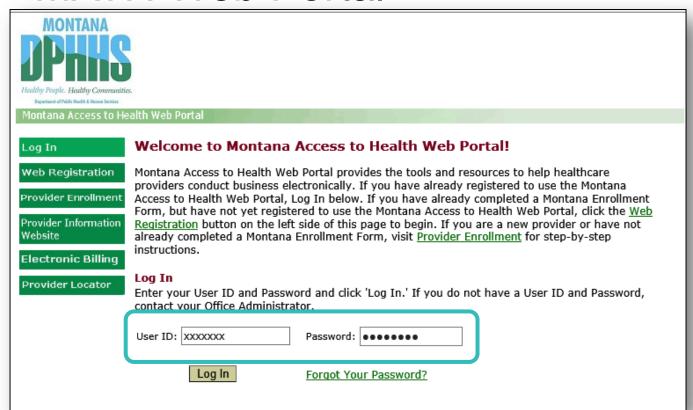


www.medicaidprovider.mt.gov





MATH Web Portal





Eligibility Inquiry

Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top information about each function, click the corresponding column header. Click on 'My Profile,' local section, to display your current Montana Access to Health Web Portal profile. You will be able to pe allowed by the user privileges assigned to you.

Site Contents

Inquiries

Eligibility

Claim Status

Provider Payment Summary

Claims-based Medical History

Electronic Health Record

Ask Provider Relations

Provider Locator

Submissions Retrievals

Upload Files

Mv Inbox

Manage Users

View/Download Files Add New User to Organization

View e!SOR Reports Add Existing User to Organization

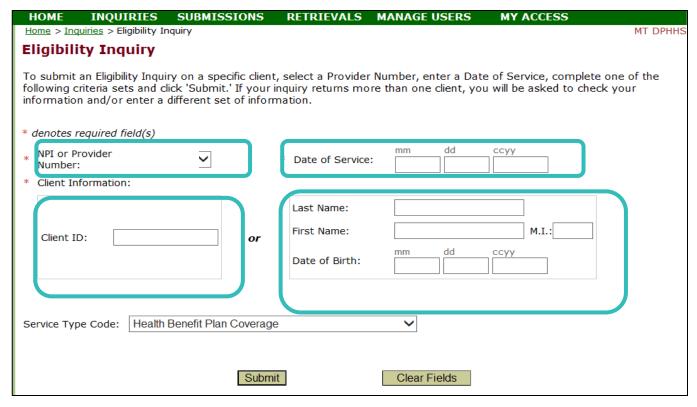
Update or Remove Users/Reset Password

Manage Submitter IDs



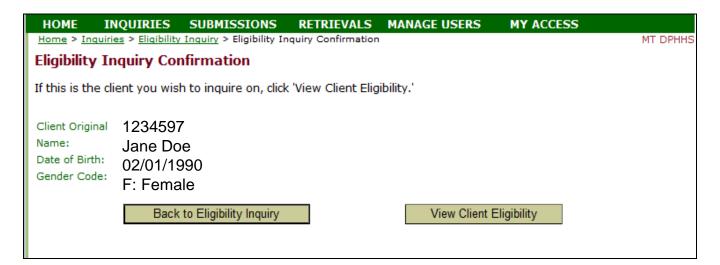


Inquiry: Eligibility





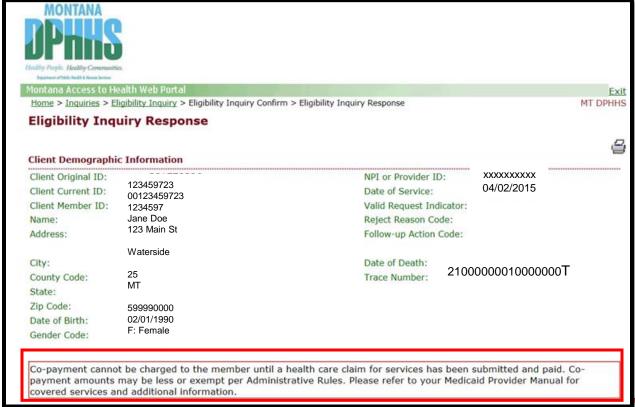
Eligibility Inquiry







Eligibility Response: Client Demographics





Eligibility Response

1 of 2

Co-payment cannot be charged to the member until a health care claim for services has been submitted and paid. Copayment amounts may be less or exempt per Administrative Rules. Please refer to your Medicaid Provider Manual for covered services and additional information.

Service Types

Service Type Code	Co-Payment/Co-Insurance
AL: Vision (Optometry)	\$ 0.00
MH: Mental Health	\$ 0.00
35: Dental Care	\$ 0.00
88: Pharmacy	\$ 0.00

Eligibility Spans

About HMK/HMKPlus

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan	OT: Other	HMK/CHIP	HMK/CHIP Basic Plan	06/01/2016	07/31/2016

Coverage

Information Source Data

Organization/Last Name: Medicaid

Identification Code Qualifier: PI: Payor Identification Contact Name: ACS Provider Services

Primary Identifier: 77039

Communication Number: 8006243958

Information Receiver Data

Organization/Last Name: MT DPHHS

First Name:

0001110928

NPI or Provider Number: Portal ID of Requestor:

Inquiries

New Eligibility Inquiry

Current Eligibility Inquiry

M.I.:

Medical History Inquiry

2. Integrated Voice Response

- (800) 714-0060
- Verbal verification
- Press 1 to search by member ID number
- Press 2 to search by card control number
- Access one member at a time
 - Multiple members within phone call
- Options to check provider payment and claim status





3. FaxBack

- (800) 714-0075
- Enter provider ID and member ID number
- Response within 10 minutes
- Paper verification
- TPL information located on page 2 of fax



From Montana MMS Page 1 of 2

MONTANA HEALTHCARE PROGRAMS ELIGIBILITY VERIFICATION SYSTEM **FAXBACK REQUEST RESPONSE**

Provider Services Phone:

1-800-624-3958

Total Pages Transmitted: To:

ACS

Provider ID/NPI: Provider Phone: 1110889 0000000000

Provider Fax:

4064422819

07192012

Input Information

Client ID:

Date of Birth:

Date of Service:

Card Control Number:

Transaction Response

Audit No.:

201220111373313FM

Client Name:

DOE, JOHN

01272004

1111232

Mcaid/HMKPlus: Client Gender:

1111232

Date of Death:

00000000

0000000000

Date of Birth: Current ID:

01272004 111331111

Original ID: HMK/CHIP:

Part-A/B:

N/N Ν Ν

Medicare #: No. of TPLs: Incurment Day:

01

Nursing-Home:

Waiver:

Card Control Number:

Benefit Summary (includes Managed Care, QMB, and Team Care)

The child is eligible for Healthy Montana Kids Plus. Is not eligible for the Medicare Savings Program. The client is not responsible for an incurrent amount. The client is on Passport to Health. The client has third party insurance coverage.

MHSP Eligible: N

Passport: Y

Team Care: N

PCP Provider: WEST GRAND FAMILY MEDICINE

Phone #: 4062374040

Restricted Pharmacy: N

Pharm Name: NAME NOT FOUND

Phone #:

FaxBack

From Montana MMIS Page 2 of 2

Current Third Party Liability (TPL) Coverage

Carrier Name: PREMERA BC Carrier Code: K85

Address: P O BOX 91059 SEATTLE, WA

98111-9159

Begin Date: 20110401 Policy #: 311113111

Subscriber Name: DOF

Subscriber SSN:

End Date: 20991231

Group #: 9002235

Subscriber Initial: R





4. Provider Relations Call Center

• (800) 624-3958 or (406) 442-1837

Monday through Friday

8 a.m. - 5 p.m. Mountain Time



Additional Eligibility Verification

What does the member have for coverage?

- Standard Medicaid
- Healthy Montana Kids (HMK)
- Healthy Montana Kids Plus (HMK Plus)
- Mental Health Services Plan (MHSP)
- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Psychiatric Residential Treatment Facility (PRTF)



Other Items to Consider...

Are the services covered?

- Montana Healthcare Programs Provider Information website: www.medicaidprovider.mt.gov
 - Resources by Provider Type
 - link to access provider type pages.
 - General Information for Providers
 - manual and specific manuals for your provider type.
- Fee schedules
 - Passport indicator
 - Prior authorization



Provider Relations Contact Information

Call Center

- (800) 624-3958 or (406) 442-1837
- Monday through Friday
- 8 a.m. 5 p.m. Mountain Time

Field Representatives

Dan Hickey (406) 457-9553

Jason Armstrong (406) 457-9598



WORK CAN WORK BETTER



